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FORM D RECEIVED UNITED OMB APPROVAL ECURITIES AND EXC 3 Number: 3235-0076 Washington. ires: NOV 0 8 2006 mated average burden FORM D nours per response.....16.00 **NOTICE OF SALE OF SECURITIES** SEC USE ONLY PURSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) PRIVATE PLACEMENT CAPITAL NOTES, LLC Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: ✓ New Filing ☐ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) PRIVATE PLACEMENT CAPITAL NOTES, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 8547 East Arapahoe Road; Suite J192, Greenwood Village, CO 80112 (303) 725-1999 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Making loans secured by real property Type of Business Organization corporation corporation limited partnership, already formed other (please specify): Limito LiAbility Company ΠĪ business trust limited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: 📝 Actual 📋 Estimated lo 17 0 6 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need Filing Fee. There is no federal filing fee. This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOF and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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			A. BASIC ID	ENTI	FICATION DATA				
2. Enter the information	requested for the f	ollowir		_					
 Each promoter of 	the issuer, if the i	ssuer h	as heen organized w	vithin	the past five years;				
						of 10	% or more i	nfa cla	ss of equity securities of the issuer
Each executive of	fficer and director	of carp	orate issuers and of	corno	rate general and ma	nagino	narinere o	f nartn	erchin increase and
 Each general and 	managing partner	of part	nership issuers.		general and ma		, purmers o	ı partn	ership issuers; and
				-				· ·	
Check Box(cs) that Apply:	Promoter	Ø	Beneficial Owner	Ø	Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, Hartman, Tony	if individual)							<u>.</u> _	
Business or Residence Addr 8547 East Arapahoe Ro	ess (Number and ad; Suite J192,	Street Green	. City, State, Zip Co wood Village, CC	ode) 0 801	12				
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)			_			<u> </u>		
Business or Residence Addre	ess (Number and	Street	. City, State, Zip Co	de)			·····.		
<u> </u>	<u> </u>								
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)							-	
Business or Residence Addre	ess (Number and	Street	. City, State, Zip Co	de)			<u>-</u>		
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)	-							
Business or Residence Addre	ess (Number and	Street	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first.	if individual)		· · · · · · · · · · · · · · · · · · ·		·· <u>·</u>				-
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)	<u>. </u>				
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Full Name (Last name first, i	f individual)				· ···		··· <u> </u>		
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Check Box(es) that Apply:	Promuter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
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Business or Residence Addre	ss (Number and	Street,	City, State, Zip Coo	de)	<u> </u>			 .	
	(Use blan	ik shee	t, or copy and use a	dditio	nal copies of this sh	icct, as	necessary)	 -	

L				В.	INFORMAT	ION ABO	UT OFFER	ING					
I. Has th	e issuer so	ld, or does t	the issuer i	ntend to s	ell, to non-	accredited	investors i	n this offer	ringo		Yes	No FEE	
	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										<u> </u>		
2. What i											\$_10	\$100,000.00	
3 Does t	he offering	permit ioir	it ownershi	in of a sin-	ole unit?					*******************	Yes	No	
										lirectly, any	ري		
lf a per or state	ssion or sin son to be li es. list the n	nilar remuni sted is an as	eration for : sociated pe broker or d	solicitation erson or ag caler. If m	of purchasent of a bro ore than fiv	ers in conn ker or deal e (5) perso	ection witl er registere ns to be lis	n sales of se d with the ! ted are asso	curities in	the offering with a state sons of such			
full Name	(Last name	first, if ind	lividual)										
Business or	Residence	Address (?	Number and	d Street, C	ity. State,	Zip Code)							
Name of As	sociated B	roker or De	aler	 -									
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(Check	: "All State	s" ar check	individual	States)	•				•••••••	••••••	☐ A	ll States	
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11.	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
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RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	ŴΫ	PR	
ull Name (Last name	first, if ind	iviđual)					-	· · ·				
Business of	r Residence	c Address (Number an	d Street, C	ity, State,	Zip Code)			· · · · · · · · · · · · · · · · · · ·				
Name of As	sociated B	roker or De	aler						·	····			
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un Name (Last name	first, if ind	ividual)										
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[KI]	SC.	SD	(TN)	TX	UT	VT	V۸	WA	WV	WI	WVI	[20]	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt s 25,000,000.00 £ 200,000.00 Equity ______s 0.00 Common Preferred 0.00 0.00 ______s 0.00 Other (Specify 0.00 S \$ 200,000.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount investors of Purchases Accredited Investors § 200,000.00 Non-accredited Investors \$ 0.00 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A Rule 504 Total 0.00 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

4 of 9

Transfer Agent's Fees

Printing and Engraving Costs.... Legal Fees

Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) Total □ S

\$ 25,000.00

25,000.00

L	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USI	OF PROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjusted	gross	s
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an estimat of the payments listed must equal the adjusted	e and	·
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S	
	Purchase of real estate			s
	Purchase, rental or leasing and installation of ma	schinery		s
	Construction or leasing of plant buildings and fa	cilities	s	s
	Acquisition of other businesses (including the vi- offering that may be used in exchange for the as- issuer pursuant to a merger)	sets or securities of another		
	Repayment of indebtedness		s	s
	Working capital			
	Other (specify): Fund loans secured by real pro-		O \$	 ∑ \$ 24,975,000.00
				\$
	Column Totals		s <u>0.00</u>	S 24,975,000.00
	Total Payments Listed (column totals added)		<u>s 2</u>	4,975,000.00
Γ		D. FEDERAL SIGNATURE	**	,
sig	e issuer has duly caused this notice to be signed by th nature constitutes an undertaking by the issuer to fi information furnished by the issuer to any non-ac	te undersigned duly authorized person. If this arnish to the U.S. Securities and Exchange Co	notice is filed under Ri ommission, upon writte	ule 505, the following on request of its staff,
	uer (Print or Type) RIVATE PLACEMENT CAPITAL NOTES, LLC	Signature Low / Low in 2000 of Title of Signature (Print on Title)	Date	+ 116
		Title of Signer (Print or Type)		<u>, 0 0</u>
	me of Signer (Print or Type) ny Hartman	Manager		
	y . 1011111011	menager		

- ATTENTION --

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
 Is any party descriprovisions of such 	ibed in 17 CFR 230.262 presently subject to any of the disqualification Yes No

- See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is lamiliar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature // Date
PRIVATE PLACEMENT CAPITAL NOTES, LLC	3.0106
Name (Print or Type)	Title (Print or Type)
Tony Hartman	Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			8	Al	PPENDIX	nog , ki Mik			
	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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AZ									1
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Type of security Intend to sell and aggregate to non-accredited investors in State Type of security and aggregate offering price investors in State Type of investor and explan amount purchased in State Type of investor and explan waiver		
State Yes No	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
MT	No	
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